



City of Torrance, Community Services Department

# Recreation Facility Request/Application

## Application for Use of Recreation Facilities on Park Areas

PLEASE COMPLETE AND RETURN ALL FOUR COPIES TO:

City Of Torrance  
Community Services Department/Facility Booking  
3031 Torrance Boulevard, Torrance, CA 90503

**NOTE TO APPLICANT:** Please type or print firmly using a ball point pen. Any person applying for the use of City property on behalf of any society, group or organization must present satisfactory credentials, or proof authorization, to the Community Services Department representative in charge of permits, prior to the filing of such applications.

Date of Application: \_\_\_\_\_

1.

Name of Representative: \_\_\_\_\_ Hm. Phone: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
2.

Name of Organization: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3.

Name of Alternative Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Note:

NO ALCOHOLIC BEVERAGES OF ANY TYPE ARE ALLOWED  
AT ANY OF THE CITY PARKS OR PARK FACILITIES PER MUNICIPAL CODE 49.2.6.

4.

Name of Park: \_\_\_\_\_  
Specify Facility:  

☐ Meeting Room only

☐ Picnic\*

☐ Light Refreshments (cookies, cake, punch, coffee)

☐ Light Meal (catering service, potluck, etc.)

☐ Complete Meal (preparation of meal on premises)

\*All groups of 100 or more must supply proof of liability insurance in the amount of one million dollars with the City of Torrance named as Additional Insured.

5.

Date Requested: \_\_\_\_\_ Day of Week: \_\_\_\_\_ OR Continuous Dates From: \_\_\_\_\_ To: \_\_\_\_\_ inclusive.

6.

Time Requested: \_\_\_\_\_ A.M./P.M. To: \_\_\_\_\_ A.M./P.M. Total Number of Hours: \_\_\_\_\_

7.

Type of Activity: \_\_\_\_\_

8.

Estimated Attendance: \_\_\_\_\_

9.

GROUP IS RESPONSIBLE FOR SET-UP AND CLEAN-UP; failure to do so may result in PARTIAL/FULL loss of deposit. Please initial here: \_\_\_\_\_

10.

Signature of Person Requesting Reservation: \_\_\_\_\_

FOR OFFICE USE ONLY		
<div>FEES</div> <div>Meeting room ____ Hrs. @ _____ \$ _____</div> <div>Refundable Deposit \$ _____</div> <div>Insurance Fee \$ _____</div> <div>Staff Fees \$ _____</div> <div>Other _____ \$ _____</div> <div>Total Fee \$ _____</div>	<div>Date Paid: _____</div> <div>Check #: _____</div> <div>Receipt #: _____</div> <div>Keys Issued: Date: _____ Initials: _____</div> <div>Keys Returned: Date: _____ Initials: _____</div> <div>Fee Rate: <input type="checkbox"/> Standard <input type="checkbox"/> Non-Profit <input type="checkbox"/> Waiver</div>	<div>OTHER</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>Refund Process Started</div> <div>Date: _____</div> <div><input type="checkbox"/> Refund Denied: See Attached</div>

The above application ☐ IS ☐ IS NOT granted.  
Gene Barnett, Community Services Director  
By: \_\_\_\_\_ Date \_\_\_\_\_